

### ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

08/29/94

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NJD982797045

FACILITY NAME -> ESSEX COUNTY HOSPITAL CTR - HILL TOP

MAILING ADDRESS -> 900 BLOOMFIELD AVE VERONA, NJ 07044

INSTALLATION ADDRESS -> 125 FAIRVIEW AVE

CEDAR GROVE, NJ 07009

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY REGION II **26 FEDERAL PLAZA** NEW YORK, NEW YORK 10278

ATTN: AIR & WASTE MANAGEMENT DIVISION, ROOM 1006 HAZARDOUS & SOLID WASTE PROGRAMS BRANCH RCRA NOTIFICATIONS

TO: RAVILLA, RAJASHEKAR ENGR ESSEX COUNTY HOSPITAL CTR - HILL TOP 900 BLOOMFIELD AVE VERONA, NJ 07044

Please print or type with ELITE type (12 characters per inch) in the unshaded areas

Please refer to the instructions for-FIIIng: Nothication before completing this form. The important on required by law (Section 3010) of the Resource Conscription and Recovery Act



## Notification of Regulated Waste Activity

EPA

Date Received

(For Official Use Only)

United States Environmental Protection Agen Linetallation's EPA ID Number (Mark X' In the appropriate box) B. Subsequent Notification. A First Notification (Complete Item C) Il. Hame of installation (include company and specific site name) OUN III. Location of installation (Physical address not P.O. Box or Route Number) 1 2 5 N U Street (Continued) City of Town Sale OV R S IV: Installation Mailing Address (See Instructions) Street or P.O. Box The state of the s City or Town ERON NJ Y. Installation Contact (Person to be contacted regarding waste activities at arte) Hame (Lest) ENGINEER VL Installation Contact Address (See Instructions). B. Street or P.O. Box X I E D City of Town VIL Ownership (See instructions) A Name of Installation's Legal Owner Street P.D. Box of Pouts Number 0 City or Town State -Zip Code ERON N J 0 9 3 D. Change of Owner [Date Changed] B. Land Type C. Owner-Type Phone Number (Area Code and Number) 0 1

2

U.S. EPA	i de la companya de l	
III Type of Regulated Wante Activity (A	tark X in the appropriate boxes, Refer to insu	nuclions)
A Hazardous	Waste Activity	B. Used Oil Recycling Activities
1. Gerarator (See Instructions)  a. Gractor than 1000kg/mo (2,200 lbc.)  b. 100 to 1000 kg/mo (200-2,200 lbc.)  yec Less than 100 kg/mo (220 lbc)  2. Transporter (Indicate Mode in boxes 12 lbelow)  a. For own waste only  b. For commercial purposes  Mode of Transportation  1. All  2. Fall  3. Highway  4. Water  5. Direct specify  X. Description of Hazardonia Wastes (U.)	a: Generator Marketing to Burner b. Ditter Marketers  2. Boiler and/or industrial Furnece  1. Smeiter Deferral  2. Small Quantity Exemption Indicate Type of Combustion  Device(s)  1. Strict Type of Combustion  Device(s)  Device(s)	1. Deed Oil Fuel Marketer  a. Marketer Directs Shipment of Used Oil to Orl-Specification Burner  b. Marketer Who First Claims the Used Oil Meets the Specifications  2. Used Oil Burner Indicate Type(s) of Combustion Device(s)  a. Hillity Boiler  b. Industrial Boiler  c. Industrial Furnace  3. Used Oil Transporter Indicate Type(s)  of Activity(ies)  a. Transporter  b. Transfer Facility  4. Used Oil Processor Fa-refiner Indicate Type(s) of Activity(ies)  a. Process  b. Re-refine
A. Characteristics of Nonlisted Hazardo	ous Wastes. (Mark 'X' in the boxes correspon	nding to the characteristics of
lg mtable 2.0cm ostes (3. Resolve (4. Poet) (2. Com ostes) (3. Resolve (4. Poet) (2. Com ostes) (3. Resolve (4. Poet) (3. Poet) (3. Poet) (4. Poet	Tocioty  Tocioty  The same of	
x 7 5 1	9 10	5 8 312 5
C. Other Wastes. (State or other wastes re	quiring a handler to have an LD. number; See	Instructions.)
		8 9
X Cartification		
system designed to assure that qualified person or persons who manage the system, or those	persons directly responsible for gathering the ir e, and complete. I am sware that there are signifi	y direction or supervision in accordance with a consubmitted. Based on my inquiry of the person information, the information submitted is, to the leant pensities for submitting false information,
Signature 6. Estab	Name and Official Title (Type or pro JOHN A. VİTALE, P.E. ESSEX COUNTY ENGINEER	8/17/94
REMOVAL AND DISPOSAL OF ABAN	NDONED TRANSFORMERS AND PCBs C	ONTRANTNATED LIGHTD COOLENT.



#### ACKNOWLEDGEMENT OF NOTIFICATION

#### OF HAZARDOUS WASTE ACTIVITY

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EPA I.D. NUMBER -> NJD982797045

FACILITY NAME -> ESSEX COUNTY HOSPITAL CTR

MAILING ADDRESS -> 125 FAIRVIEW AVE CEDAR GROVE, NJ 07009

INSTALLATION ADDRESS -> 125 FAIRVIEW AVE CEDAR GROVE, NJ 07009

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
26 FEDERAL PLAZA
NEW YORK, NEW YORK 10278

ATTN: PERMITS ADMINISTRATION BRANCH, ROOM 505

TO: COPPOLA, MARJORIE - ASST ADMIN ESSEX COUNTY HOSPITAL CTR 125 FAIRVIEW AVE CEDAR GROVE, NJ 07009

# United States Environmental Protection Agency Washington, DC 20460

**SEPA** Notification of Hazardous Waste Activity

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

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For Official Use Only							
		Comm	nents				
c							
		7		Date R	eceived	NID	
	tion's EPA ID Number		Approved	(yr. n	no. day)	013	
CUTOGO	2100000	T/A C		891	030	013 tsstx	
I. Name of Installation	41911095	543		0 7 7		2	
16663	COUNTY	140	6 D 1	TAI	DEI	UTER	
£ 5 5 E X	County	170	311	1016	CZI	VILLIA	
II. Installation Mailing	Address		D C D				
		Street or	P.O. Box				
3/25 F/	HIRVIEU	1 19	NE				
3   1   1   1   1	City or Tow	n			Stat	e ZIP Code	
COSTAD	00016	TIT			1	T 0 7 0 1 0	
4 ( [ ] ) 17 14	OKOVE				IV.	0 1009	
III. Location of Installat	tion						
		Street or Ro	ute Number				
5 Same			,				
5 Sam			إبابا		0.5	710 0 4	
	City or Tow	n i			Stat	e ZIP Code	
6					1 1 1		
IV. Installation Contact							
	Name and Title (last, first, and jo	ob titlel			Phone Number	(area code and number)	
CAAAAA				A551.		20001	
2 M AR JO1	RIE COP	10	L 11	AAmin L	012	188240	
V. Ownership							
	A. Name of Installation's L	egal Owner			B. Type	of Ownership (enter code)	
RESSEX	COUNTY				Cour	by Gov't.	
	Waste Activity (Mark 'X'	in the ann	ronriete ho	vec Pefer to		/	
		ii tile app	opriate buz				
A. Hazardous Waste Activity  B. Used Oil Fuel Activities  1 b. Less than 1,000 kg/mo.  6 Off-Specification Used Oil Fuel							
1a. Generator 2. Transporter	☐ 1b. Less than 1,000 kg	g/mo.			opropriate boxes	below)	
3. Treater/Storer/Dispos			Frank St. St.	and the second second	rketing to Burne		
4. Underground Injection				. Other Market	PROPERTY OF THE PROPERTY OF THE PARTY OF THE		
5. Market or Burn Hazard		2 024		CONTRACTOR OF MALE	ar all the my		
(enter 'X' and mark appropriate boxes below)			☐ c. Burner				
☐ a. Generator Mar	-				I Fuel Marketer   Oil Meets the Si	or On site Burner)	
☐ b. Other Markete	r		******	not oldinis the	On Moots the O		
	: Type of Combustion De	ovice (anta	- 'V' in all annu		indiantation of	and unting device/alig	
	r off-specification used oil fuel i						
🗆 A. Utili	ity Boiler	B. Industrial	Boiler		C. Industrial Fu	rnace	
VIII. Mode of Transport	tation (transporters only -	– enter 'X	" in the app	propriate box	(es)	4	
	C. Highway D. Water	_	er (specify)		1000		
IX. First or Subsequent	Notification						
Mark 'X' in the appropriate be	ox to indicate whether this is y first notification, enter your inst	our installa	tion's first not	tification of haz	zardous waste a	ctivity or a subsequent	
in the lotter your	and the state of t	4.7.4			- 4000	PA ID Number	
A. First Notification	D Subsequent Netitionties (	omplete to	. (1		C. Installation's E	FA ID Number	
A. First Notification L	J B. Subsequent Notification (co	ompiete item	(4)				

Nonspecific Sources. s your installation handle	ntinued from front) Enter the four-digit num	nber from 40 CFR Part 2	61.31 for each listed ha	zardous waste
Nonspecific Sources. s your installation handle	Enter the four-digit nunes. Use additional sheet	nber from 40 CFR Part 2 is if necessary.	Add September 1	
2	3		5	6
8	9	100		1
8	9			
1		10	11	12
		199		
Specific Sources. Ente stallation handles. Use a	er the four-digit number additional sheets if nece	from 40 CFR Part 261.3 ssary.	32 for each listed hazard	ious waste from
14	15	16	17	18
				1
20	21	22	23	24
26	. 27	28	29	30
Product Hazardous Was	tes. Enter the four-digi	t number from 40 CFR P	art 261.33 for each che	mical substance
s which may be a hazard	ous waste. Use addition	nal sheets if necessary.		3.30
32	33	34	35	36
30	30	40	41	42
36	39			
44	45	46	47	48
	• ,			
s. Enter the four-digit n	umber from 40 CFR Par	t 261.34 for each hazard	dous waste from hospita	ls, veterinary hos
search laboratories your	installation handles. U	se additional sheets if n	ecessary.	
50	51	52	53	54
			A State of the Sta	
	20 26 Product Hazardous Wases which may be a hazard 32 38 44 44 ess. Enter the four-digit mesearch laboratories your	Product Hazardous Wastes. Enter the four-digites which may be a hazardous waste. Use additional sheets if neces and the second of the second o	Product Hazardous Wastes. Enter the four-digit number from 40 CFR Per which may be a hazardous waste. Use additional sheets if necessary.	Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each che swhich may be a hazardous waste. Use additional sheets if necessary.  32  33  34  35  38  39  40  41  44  45  46  47  47  48  48  49  40  41  40  41  41  42  45  46  47  48  48  48  48  49  40  40  41  40  40  41  40  40  40  41  40  40

EPA Form 8700-12 (Rev. 11-85) Reverse

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